



The Hive Registration Form (2020- 2021)

Child's Details:
Date of Registration:

| | | | |
|--------------------------------|-------------------------------------|-------------------------------|----------|
| First name: | Surname: | What s/he likes to be called: | Class |
| Date of birth and current age: | School attended: First language: | Name of key person: | Password |

Parent/Guardian details

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|--|----------------|--------------|---|----------------|--------------|
| Title: | First name: | Surname | Title: | First name: | Surname |
| Home address: | | | Home address (if different): | | |
| Does this child normally live at this address? Yes / No | | | Does this child normally live at this address? Yes / No | | |
| Work address: | | | Work address: | | |
| Home number: | Mobile number: | Work number: | Home number: | Mobile number: | Work number: |
| Email address: | | | Email address: | | |
| Does this person have parental responsibility? Yes / No | | | Does this person have parental responsibility? Yes / No | | |
| Does anyone else have parental responsibility for this child? Yes / No <i>(If yes, please provide details overleaf.)</i> | | | | | |

Emergency Contact Details *(please provide details of two people we can contact if we are unable to get hold of you)*

| | | |
|----------|-------------------|----------------------------|
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |
| Name: | Telephone number: | Mobile number: |
| Address: | | Relationship to the child: |

Child's Doctor

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|-----------------|
| Name of Doctor: |
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|----------|------------|
| Address: | Telephone: |
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About your child

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|---|
| Please detail any additional/special needs your child has: (please provide full details) |
| Please detail any dietary requirements / food allergies for your child: (please provide full details) |
| Who will pick your child up on a regular basis? |
| What are your child's favourite activities? |

Please tick if your child is in EYFS (Nursery or Reception)

Sessions Required

When would you like your child to start Before/After School Club.....

What sessions would you like? Please write in the session times per day that you require.

| SESSIONS AVAILABLE | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---------------------------|--------|---------|-----------|----------|--------|
| Before School 07:30 | | | | | |
| Before School 07:50 | | | | | |
| After School 3:20-4:20 | | | | | |
| After School 3:20-6:00 | | | | | |

Please tick here if you require HOPPER sessions

(Please note that a "Hopper" is for families who work shifts or do not attend a regular session/sessions).

Signature of Parent/Carer..... Date:

Parent of (child's full name)